

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>09/20/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>19</i>	<i>72790</i>
FORMALITY REVIEW		<i>71622</i>	<i>10/26/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final Original	
1	<i>5/20/03</i>
2	<i>11/25/03</i>
3	<i>4/27/00</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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